

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006010

Entity Name: NORWICH M CONDO ASSOCIATION, INC.**Current Principal Place of Business:**2427 EAST 29TH STREET #3L
BROOKLYN, NY 11235**Current Mailing Address:**312 NORWICH M
WEST PALM BEACH, FL 33417 US**FEI Number:** 59-2350901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUEVARA, GARY
312 NORWICH M
WEST PALM BEACH, FL 33417 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CO-PRESIDENT
Name	GLASS, DIANA
Address	292 NORWICH M
City-State-Zip:	WEST PALM BEACH FL 33417

Title	TREASURER, CO-PRESIDENT
Name	SCHIANO, ELENA
Address	300 NORWICH M
City-State-Zip:	WEST PALM BEACH FL 33417

Title	ASSISTANT TREASURER
Name	GUEVARA, GARY
Address	312 NORWICH M
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	BENTLEY, SUE
Address	289 NORWICH M
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	ZANNELLI, SANDRA
Address	294 NORWICH M
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	DOMINGUEZ, ANGEL
Address	307 NORWICH M
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	GLADU, JANE
Address	68 SOMERSET D
City-State-Zip:	WEST PALM BEACH FL 33417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANA GLASS**CO-PRESIDENT****04/07/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date